

SPECIFIC WAIVER REQUESTSW-1 (5/01) <http://www.cde.ca.gov/waiver/>

Page 1 of 2

**HIGH PRIORITY SCHOOLS GRANT
PROGRAM DATE WAIVER**Send Original plus one copy to:

Waiver Office, California Department of Education

1430 N Street, Suite 5602

Sacramento, CA 95814

Faxed originals will not be accepted!

						CDS CODE											
LEA:						Contact/recipient of approval/denial notice:						Contact Person's E-Mail Address:					
Address: (City) (State) (ZIP)						Phone (and extension, if necessary): () - x						Fax Number: () -					
Period of Request: (month/day/year)						Local Board Approval Date: (Required)											
From: 03/14/02 To: 10/01/02																	
LEGAL CRITERIA																	
<p>1. Authority for the Waiver: <input checked="" type="checkbox"/> Specific Code Section: <u>52055.610(c)(4)</u> The E.C. Section citation, which allows you to request, or authorizes the waiver of the specific E. C. section you want to waive.</p>																	
<p>2. Education Code or California Code of Regulations Section to be waived: Education Code 52055.610 (c) (1) through (3)</p> <p>Brief Description of the topic of the waiver: <u>Request to waive dates pertaining to the submission of school action plans by schools eligible to participate in the High Priority Schools Grant Program and dates of recommendation to the SBE by CDE and any clarifications of the school action plans and the approval date of the SBE.</u></p>																	
<p>3. Name of schools requesting a waiver:</p>																	
<p>4. Position of the Bargaining Unit.</p> <p>(Important Note:) Just a phone call to major bargaining units in your district and notation below will suffice.</p> <p>Does the district have any employee bargaining units? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please complete required</p> <p>Date(s) the bargaining unit(s) was (were) consulted: _____</p> <p>Name of bargaining unit persons(s) consulted: _____</p> <p>The position(s) of the bargaining unit(s) was/were: <input type="checkbox"/> Neutral <input type="checkbox"/> Support <input type="checkbox"/> Oppose <i>(Please summarize below)</i></p> <p>Comments (if appropriate): _____</p>																	

5. Education Code or California Code of Regulations section to be waived. If the request is to waive a portion of a section, type the text of the pertinent sentence of the law, or those exact "phrases" requested to be waived (or use a strike out key).

(1) A school district on behalf of an eligible school under its jurisdiction shall submit the application and school action plan to the Superintendent of Public Instruction for review and approval by ~~May 15, 2002~~ August 15, 2002.

(2) The Superintendent of Public Instruction shall make a recommendation to the State Board of Education regarding approval or disapproval of applications and school action plans by ~~June 15, 2002~~ September 15, 2002. The State Board of Education shall approve or disapprove the application and action plan by ~~June 30, 2002~~ September 30, 2002. Upon approval by the State Board of Education, the State Department of Education shall allocate funding to schools for the implementation of the action plan. If the State Board of Education fails to approve or disapprove the application and school action plan by ~~June 30, 2002~~ September 30, 2002, the recommendation of the Superintendent of Public Instruction shall be deemed to be adopted and funding for implementation of the action plan shall be allocated.

(3) If the Superintendent of Public Instruction takes the action specified in subparagraph (B) of paragraph (2) of subdivision (b), the school and school district shall resubmit the application and school action plan with the clarifications and changes for approval by ~~August 1, 2002~~ October 15, 2002, and the Superintendent of Public Instruction shall make a recommendation to the State Board of Education regarding approval or disapproval by ~~September 15, 2002~~ November 1, 2002. The State Board of Education shall approve or disapprove the application and action plan by ~~September 30, 2002~~ December 15, 2002. If the action plan is approved, the department shall allocate funding to the school district on behalf of an eligible school under its jurisdiction for implementation of the action plan. If the State Board of Education fails to approve or disapprove the application and school action plan by ~~September 30, 2002~~ December 15, 2002, the recommendation of the Superintendent of Public Instruction shall be deemed to be adopted and funding for implementation of the action plan.

6. Desired outcome/rationale. State what you hope to accomplish with the waiver. Describe briefly the circumstances that brought about the request and why the waiver is necessary to achieve improved student performance and/or streamline or facilitate local agency operations. (If more space is needed, you may attach additional pages.)

Modify the date for submission of the school action plans by the High Priority Schools Grantees, and the date of recommendation by the department to the State Board of Education (SBE), the date that a school can re-submit a school action plan if changes are necessary and the date that the SBE needs to approve the school action plans.

District or County Certification – *I hereby certify that the information provided on this application is correct and complete.*

Signature of Superintendent or Designee: > _____	Title: _____	Date: _____
FOR CALIFORNIA DEPARTMENT OF EDUCATION USE ONLY		
Staff Name (type or print): _____	Staff Signature: > _____	Date: _____
Unit Manager (type or print): _____	Unit Manager Signature: > _____	Date: _____
Division Director (type or print): _____	Division Director Signature: > _____	Date: _____
Deputy (type or print): _____	Deputy Signature: > _____	Date: _____